



www.jaspercountysc.org

Jasper County
Legal Department
358 Third Ave, Suite 203
Ridgeland, SC 29926
(843) 717-3688

FREEDOM OF INFORMATION ACT REQUEST FORM

NAME: _____ DATE OF REQUEST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL: _____

Please indicate your preferred method of delivery by checking the appropriate box below. If possible, we will respond by the preferred method; however, some responses may not be suitable for fax or e-mail due to quantity, size or medium of the document.

Mail ☐ Fax ☐ E-mail ☐ Request to review information on premises ☐

Pursuant to the Freedom of Information Act, § 30-4-10, et seq., Code of Laws of South Carolina (1976, as amended), I request a copy of the following (please be specific).

I understand that Section 30-2-50 of the South Carolina Code of Laws prohibits a person or private entity from knowingly obtaining or using personal information from a local government for commercial solicitation directed to any person in this State; violators are guilty of a misdemeanor and subject to a \$500.00 fine and/or jail time up to one year. **ANY PERSONAL INFORMATION OBTAINED PURSUANT TO THIS REQUEST WILL NOT BE USED FOR COMMERCIAL SOLICITATION DIRECTED TO ANY PERSON IN THE STATE OF SOUTH CAROLINA.**

I understand the County generally has ten (10) business days to respond to the request, and generally must produce the records within 30 calendar days from that response date. I understand that I may be required to pay the costs of copying, research, and postage associated with my request. See the FOIA information page on the County website, www.jaspercountysc.org, for more information regarding FOIA requests.

SIGNATURE: _____

<p>Return form to: Jasper County County Attorney's Office P.O. Box 420 Ridgeland, SC 29926 dtedder@jaspercountysc.gov</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <table><tr><td>REQUEST ASSIGNED TO: _____</td><td>DATE OF COMPLETION: _____</td></tr><tr><td>DATE OF ASSIGNMENT: _____</td><td>FEE FOR SERVICES: _____</td></tr><tr><td>DATE RESPONSE DUE: _____</td><td>METHOD OF PAYMENT: _____</td></tr></table>	REQUEST ASSIGNED TO: _____	DATE OF COMPLETION: _____	DATE OF ASSIGNMENT: _____	FEE FOR SERVICES: _____	DATE RESPONSE DUE: _____	METHOD OF PAYMENT: _____
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